Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1080108 C

(Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			67				l 1	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	+ .	1	BASIC FEE		
					NOWBEAEXTIA		١.,		1 555.55	JOH	· · · · · · · · · · · · · · · · · · ·		
TOTAL CHARGEABLE CLAIMS			\ 	nus 20=	• 4 1			X\$ 9=		OR	X\$18=	3119	
INDEPENDENT CLAIMS				nus 3 = `	1	<u> </u>		X43=	l	OR	X86=	3116	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							,	TOTÁL		OR	TOTAL	62Ci	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
<u>. </u>		(Column 1)	(Column 2)			(Column 3)		SMALL		OR	SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1	+290=		
								TOTAL		OR	TOTAL		
								DDIT. FEE	<u> </u>	OR	ADDIT. FEE		
AMENDMENT B	•	(Column 1)	T	(Colum		(Column 3)	1 г		ADDI-	1 1		ADDI-	
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	X\$ 9=		OR	X\$18=.		
	Independent	*	Minus	***		=		X43=		OR	X86=		
٩	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM	. D	!						
								+145=		OR	+290=	•	
								TOTAL DDIT, FEE	·	OR	TOTAL ADDIT: FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=	-	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	-		UH			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE		
		nber Previously Paid					r foun	nd in the app	ropriate box	in col	umn 1.		